

[| NODIS Library](#) | [Program Management\(8000s\)](#) | [Search](#) |

NASA Procedural Requirements

COMPLIANCE IS MANDATORY FOR NASA EMPLOYEES**NPR 8621.1D**
Effective Date: July 06, 2020
Expiration Date: July 06,
2025[Printable Format \(PDF\)](#)

Request Notification of Change (NASA Only)

Subject: NASA Procedural Requirements for Mishap and Close Call Reporting, Investigating, and Recordkeeping**Responsible Office: Office of Safety and Mission Assurance**[| TOC](#) | [Preface](#) | [Chapter1](#) | [Chapter2](#) | [Chapter3](#) | [Chapter4](#) | [Chapter5](#) | [Chapter6](#) | [Chapter7](#) |
[Chapter8](#) | [Chapter9](#) | [AppendixA](#) | [AppendixB](#) | [AppendixC](#) | [AppendixD](#) | [AppendixE](#) |
[AppendixF](#) | [AppendixG](#) | [AppendixH](#) | [AppendixI](#) | [AppendixJ](#) | [ALL](#) |**Appendix H. Data Entry Elements and Recording Requirements**

Table H.1 Data Entry Elements and Recording Requirements

Common Data Elements for NASA Incident Reporting and Investigation			
Concept	Element	Comment	Recording Requirement
Who	a. Center submitting the report, author of incident report, phone number, and mail code	Format: First name, last name, organization code, phone number, mail code. If NASA contractor, include company name and contract number. Otherwise state "Non-NASA."	Data entry by 24 hours of incident
	b. Responsible organization, organization's point of contact, phone number, and mail code	Format: First name, last name, organization code, phone number, mail code. If NASA contractor, include company name and contract number. Otherwise state "Non-NASA."	
	c. Injury/Illness employee name	Format: First name, last name, organization code, company name, contract number, or other status (visitor, volunteer, grantee).	Only if OSHA-recordable Privacy Act applies

a. Brief description of mishap or close call	Include incident source, mechanism, and outcome. For example, "Employee tripped over exposed pipe; injured in fall. Lost workday case" provides sufficient information. Multiple undesired outcomes may be listed but indicate the most severe used to determine classification. Do not include personal identifiable information (body part or injury description, medical diagnosis, or treatment) here or anywhere in the Safety Incident. With a completed mishap investigation report, update undesired outcome known at time of report signature (e.g., building structure and contents were destroyed).	Data entry by 24 hours of incident
b. Mission affected	Mission name and number.	
c. Program impact, if known	Estimate incident's cost/schedule/technical impact. Update impacts as of mishap investigation report completion date. Impact to program/project life-cycle cost estimate may differ from estimated direct cost of damage since it includes costs to the program/project not required for estimating direct cost of damage.	
d. Number and type of injuries or fatalities, if known	Specify extent of treatment (first aid, medical treatment, inpatient hospitalization—other than for observation or human test). If mishap investigation report completed, update as of mishap investigation report completion date (e.g., employee incurred permanent disability).	

What	e. Type of damage to equipment, flight hardware, or flight software, or facilities	Specify type of property (spacecraft, forklift), system (propulsion, chassis) nomenclature, and data used to calculate direct cost per section 1.2.3. Update final direct cost on mishap investigation report completion.	
	f. Estimate of direct cost of damage	Available information is used within 24 hours of incident. After 24 hours and before mishap investigation report signature, estimate should be updated if new information changes mishap classification criteria (e.g., previous estimate of \$15,000 becomes \$22,000, raising the incident to a Type D mishap).	
	g. Appropriate medical information regarding the persons injured and the nature of injuries	Include nature of injury or illness (laceration, bruise, hearing loss), body part or system affected, and work-related determination. Include all OSHA-recordable information.	Per 29 CFR pt. 1904. HIPAA, Privacy Act apply
	h. Incident classification	Options are Type A/B/C/D/Close Call/Non-NPR 8621.1.	Data entry by 24 hours of incident
	i. Calculated direct cost of mishap on date of report signature		Data entry by two workdays following mishap investigation report completion
	j. The OSHA Final Mishap Summary (OSHA 301 Form: Injury and Illness Incident Report, or an equivalent form), if the mishap is an OSHA-recordable incident		NASA A-C report attachment < 75 workdays or per AO

	k. Signed mishap investigation report	Use PDF only	NASA A-D/CC attachment by two workdays of report signature
	l. Mishap investigation report endorsements	Use PDF only	NASA A-D/CC by two workdays of endorsement signature
	m. CAP description of corrective actions		Attachment by two workdays of AO approval
	n. AO Corrective Action Plan Closure Statement	Use PDF only	For all NASA mishaps and close calls
When	a. Incident date	Format: dd/mm/yyyy	Data entry by 24 hours of incident
	b. Incident time	Format: 24-hr clock, local time	
	c. Time report submitted	Format: 24-hr clock, local time	
	d. Date report submitted	Format: dd/mm/yyyy	
	e. CAP completion date for each corrective action	Format: dd/mm/yyyy	Attached CAP update and/or Action Request for all NASA mishaps and close calls
	a. Center submitting report		Data entry by 24 hours of incident
	b. Incident general location	Onsite: Select closest geographic area where incident occurred from standard list of Center, component facility, or other NASA properties, structures, areas, and roads. If no choice is accurate, use the Detail Description field to explain, Otherwise state "Offsite."	

Where	c. Incident exact location, if known	Enter amplifying information for the General Location, such as room number or mile marker or nearest geographic reference. Offsite and other examples: "1234 Avenue A, Los Angeles, CA 98765" or "38 deg, 54 min 7 sec North." For inflight aircraft lacking GPS position data, "110R, 65 DME from ABC VORTAC, FL250." For inflight spacecraft, include altitude and planet latitude/ longitude directly beneath.	
Why	Findings supported by facts and associated recommendations	See NASA Root Cause Analysis course for specifics in developing findings and recommendations from facts. At minimum, a finding is a complete sentence in which the subject indicates some effect concluded from facts. Example of fact: "The coefficient of friction was 0.3." Example of finding: "The floor was too slippery for the employee to walk upon safely." Example of recommendation: "For Center facilities, ensure hallways are blocked and posted as hazardous after floor washing/waxing until surface is dry."	Data entry within two workdays of Report signature

| [TOC](#) | [Preface](#) | [Chapter1](#) | [Chapter2](#) | [Chapter3](#) | [Chapter4](#) | [Chapter5](#) | [Chapter6](#) | [Chapter7](#) | [Chapter8](#) | [Chapter9](#) | [AppendixA](#) | [AppendixB](#) | [AppendixC](#) | [AppendixD](#) | [AppendixE](#) | [AppendixF](#) | [AppendixG](#) | [AppendixH](#) | [AppendixI](#) | [AppendixJ](#) | [ALL](#) |

| [NODIS Library](#) | [Program Management\(8000s\)](#) | [Search](#) |

DISTRIBUTION: **NODIS**

This document does not bind the public, except as authorized by law or as incorporated into a contract. This document is uncontrolled when printed. Check the NASA Online Directives Information System (NODIS)

Library to verify that this is the correct version before use: <https://nodis3.gsfc.nasa.gov>.
